

STATE OF NEW YORK

6211

2019-2020 Regular Sessions

IN ASSEMBLY

March 4, 2019

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, GOTTFRIED, WOERNER, FAHY, MOSLEY, FINCH, MONTESANO, SANTABARBARA, BLAKE, PEOPLES-STOKES, GALEF, COLTON, GUNTHER, OTIS, BRONSON, RAIA -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, GANTT, HEVESI, JOHNS, KOLB, PERRY -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to payments to prehospital emergency medical services providers

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 3224-a of the insurance law is amended by adding a new subsection (k) to read as follows:

(k) Payments to nonparticipating or nonpreferred providers of ambulance services licensed under article thirty of the public health law. (1) Whenever an insurer or an organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law provides that any health care claims submitted under contracts or agreements issued or entered into pursuant to this article or article forty-two, forty-three or forty-seven of this chapter and article forty-four of the public health law are payable to a participating or preferred provider of ambulance services for services rendered, the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law shall be required to pay such benefits either directly to any similarly licensed nonparticipating or nonpreferred provider at the usual and customary charge, which shall not be excessive or unreasonable, when the provider has rendered such services, has on file a duly executed assignment of benefits, and has caused notice of such assignment to be given to the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law or jointly to such nonpartic-

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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1 ipating or nonpreferred provider and to the insured, subscriber, or
2 other covered person; provided, however, that in either case the insur-
3 er, organization, or corporation licensed or certified pursuant to arti-
4 cle forty-three or forty-seven of this chapter or article forty-four of
5 the public health law shall be required to send such benefit payments
6 directly to the provider who has the assignment on file. When payment is
7 made directly to a provider of ambulance services as authorized by this
8 section, the insurer, organization, or corporation licensed or certified
9 pursuant to article forty-three or forty-seven of this chapter or arti-
10 cle forty-four of the public health law shall give written notice of
11 such payment to the insured, subscriber, or other covered person.

12 (2) An insurer shall provide reimbursement for those services
13 prescribed by this section at rates negotiated between the insurer and
14 the provider of such services. In the absence of agreed upon rates, an
15 insurer shall pay for such services at the usual and customary charge,
16 which shall not be excessive or unreasonable.

17 (3) Nothing contained in this section shall be deemed to prohibit the
18 payment of different levels of benefits or from having differences in
19 coinsurance percentages applicable to benefit levels for services
20 provided by participating or preferred providers and nonparticipating or
21 nonpreferred providers.

22 The provisions of this section shall not apply to policies that do not
23 include coverage for ambulance services.

24 § 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of
25 section 3216 of the insurance law, as added by chapter 506 of the laws
26 of 2001, are amended to read as follows:

27 (C) An insurer shall provide reimbursement for those services
28 prescribed by this section at rates negotiated between the insurer and
29 the provider of such services. In the absence of agreed upon rates, an
30 insurer shall pay for such services at the usual and customary charge,
31 which shall not be excessive or unreasonable. The insurer shall send
32 such payments directly to the provider of such ambulance services, if
33 the ambulance service has on file an executed assignment of benefits
34 form with the claim.

35 (D) The provisions of this paragraph shall have no application to
36 transfers of patients between hospitals or health care facilities by an
37 ambulance service as described in subparagraph (A) of this paragraph
38 unless such services are covered under the policy.

39 § 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (l) of
40 section 3221 of the insurance law, as added by chapter 506 of the laws
41 of 2001, are amended to read as follows:

42 (C) An insurer shall provide reimbursement for those services
43 prescribed by this section at rates negotiated between the insurer and
44 the provider of such services. In the absence of agreed upon rates, an
45 insurer shall pay for such services at the usual and customary charge,
46 which shall not be excessive or unreasonable. The insurer shall send
47 such payments directly to the provider of such ambulance services, if
48 the ambulance service has on file an executed assignment of benefits
49 form with the claim.

50 (D) The provisions of this paragraph shall have no application to
51 transfers of patients between hospitals or health care facilities by an
52 ambulance service as described in subparagraph (A) of this paragraph
53 unless such services are covered under the policy.

54 § 4. Paragraphs 3 and 4 of subsection (aa) of section 4303 of the
55 insurance law, as added by chapter 506 of the laws of 2001, are amended
56 to read as follows:

(3) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. The insurer shall send such payments directly to the provider of such ambulance services, if the ambulance service has on file an executed assignment of benefits form with the claim.

(4) The provisions of this subsection shall have no application to transfers of patients between hospitals or health care facilities by an ambulance service as described in paragraph one of this subsection unless such services are covered under the policy.

§ 5. This act shall take effect January 1, 2021 and shall apply to health care claims submitted for payment after such date.